

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

Establishment Name WHITE CASTLE	Telephone Number Est 812-945-4080 Own 614-228-5781	Date of Inspection 08/14/2020	ID#
Address 1701 E. SPRING ST, NEW ALBANY IN 47150			
Owner WHITE CATLE SYSTEM	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 08/24/2020
Owner's Address 555 EDGAR WALDO WAY COLUMBUS, OH 43216-		Menu Type 1 _ 2 _ 3 <u>X</u> 4 _ 5 _	
Person in Charge DONNA SWIFT			
Responsible Person's Email POWERSL@WHITECASTLE.COM			
Certified Food Handler NICOLE CLARK			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
218		X		Observed ice build-up on walk-in freezer fans.	1 WEEK
297		X		Observed lobby soda machine (currently not in-use) to have moldy build-up	TODAY
324		X		Observed handsink nearest walk-in to have poor water flow.	1 WEEK
342		X		Measured handsinks at 74 degrees. Must be able to quickly reach and sustain 100 degrees for 20 seconds.	1 WEEK

Summary of Violations C 0 NC 4 R 0

Received by (name and title printed): DONNA SWIFT	Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST
Received by (signature):	Inspected by (signature): 
cc:	cc: